

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-010899

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUD

AMENDED

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 1417

FILED APR 2 1962

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Jackson	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kansas City		c. CITY OR TOWN Kansas City Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 1323 Union St.		d. STREET ADDRESS (If outside, give location) 1108 West 45th. St. Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First WILLIAM Middle DOW Last DOW			4. DATE OF DEATH Month 3 Day 9 Year 62		
5. SEX Male	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 1-5-26	9. AGE (last birthday) 36	IF UNDER 1 YEAR Months 3 Days 9 Hours 62 Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) LAYOUT MAN		10b. KIND OF BUSINESS OR INDUSTRY Cabinet Shop		11. BIRTHPLACE (City and state or country) Philadelphia, Pennsylvania	
12. CITIZEN OF WHAT COUNTRY U.S.A.		13a. FATHER'S NAME WILLIAM DOW		13b. MOTHER'S MAIDEN NAME JOHANN B. BOMER	
14. NAME OF HUSBAND OR WIFE Nancy Dow		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes W W 2		16. SOCIAL SECURITY NO. [REDACTED]	
17. INFORMANT Mrs. Nancy Dow: 1108 West 45th. St.		18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary Occlusion		INTERVAL BETWEEN ONSET AND DEATH	

19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour 11:57 a.m. Month, Day, Year 3-9-62		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
20f. CITY, TOWN, OR LOCATION K.C., MO.		20g. COUNTY Jackson		20h. STATE Missouri	

21. I attended the deceased from 11:57 a. to 11:57 a. and last saw him alive on 3-9-62 Death occurred at 11:57 a. on the date stated above, and to the best of my knowledge, from the causes stated.		22a. SIGNATURE (Degree or title) Hugh H. Owens M.D. Coroner		22b. ADDRESS 152 Union Station- K.C., Mo.	
22c. DATE SIGNED 3-10-62		23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE 3-9-62	
23c. NAME OF CEMETERY OR CREMATORY Memorial Park Cemetery		23d. LOCATION (City, town, or county) Kansas City, Kansas		23e. REGISTRAR'S SIGNATURE Ruth Long	
24. FUNERAL DIRECTOR PETER B. LAPETINA: 536-38 Campbell		25. DATE RECD. BY LOCAL REG. 3-10-62		26. REGISTRAR'S SIGNATURE Ruth Long	

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

BY AFFIDAVIT OF

H. Owens MEDICAL CERTIFICATION

DATE AMENDED

ITEM NO.

VS 300 Rev. 4/59

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MAY 17 1962

JOHN A. HANCOCK

W. SO. HANCOCK

1962-05-17

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

JOHN A. HANCOCK, Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed Jack A. Moore

Licensed Embalmer No. 4229

P. O. Address Trimble, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.